U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Officia	al Use OnlySA	
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E	O'NE	

1. File Number U - 6770

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

		1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.		4. Name, file number, and address of labor organization.		
Sally A	Powless	Name Ohio Council 8, AFSCME, AFL-CIO		
		Labor Organization File Number 513 937		
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
2410 Westbroo	k Drive	Street 6800 North High Street		
Toledo		City Worthington		
Ohio	ZIP Code + 4 43613	State Ohio ZIP Code + 4 43085		
interest in, engaged in to	ring the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
alue from an employer	ansactions (including loans) with, or	derived income or other economic benefit of		
alue from an employer  address of Employer (incl	whose employees your organizati	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
	whose employees your organizati	on represents or is actively seeking to represent.		
	whose employees your organizati	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
address of Employer (incl	whose employees your organizati	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
address of Employer (incl	whose employees your organizati	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
address of Employer (incl	whose employees your organizati	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
	Sally A  Bldg., Room No., if any  2410 Westbrook  Toledo  Ohio  Habor organization.	Sally A Powless  Bldg., Room No., if any  2410 Westbrook Drive  Toledo Ohio ZIP Code + 4 43613  Toledo Regional Direct  propriate data below If, during the past fiscal year, you or your spot		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Name of Person Filing Sally A. Powless	File Number,U-		
B. Held an interest in or derived income or economic benefit with monetary vas substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	· · · · · · · · · · · · · · · · · · ·	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Medical Mutual	X a. Labor Organiza		
Trade Name, if any:	X a. Labor Organiza	uon ·	
P.O. Box, Bldg., Room No., if any	c. Employer		
Street 17800 Royalton road	Tour control		
City         Cleveland           State         Ohio         ZIP Code + 4 44136-5149		•	
State Ohio ZIP Code + 4 44136-5149			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.	
Name	AFSCME, AFL-CIO	1 contracts with Ohio Council 8, IO to provide health care	
Trade Name, if any:	insurance benef Council.	its to employees of the	
P.O. Box, Bldg., Room No., if any		•	
Street	11.b. Approximate dollar value	e of such dealing. <u>Unknown to file</u>	
City	12.a. Nature of interest held	or income received.	
State ZIP Code + 4	l Toledo Mud He	ns Ticket plus food.	
	05/20/04		
	12.b. Amount.	\$43.61	
C. Received from any employer (other than an employer covered unde			
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value.  14.a. Nature of payment.		
(including trade name, if any).	Commission and Commis	T	
Name		u .	
Trade Name, if any:		•	
P.O. Box, Bldg., Room No., if any	•		
Street			
City			
and the second of the second o			
State ZIP Code + 4	M 100 100 100 100 100 100 100 100 100 10		
State ZIP Code + 4  13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Sally A. Powless	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is action (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name Medical Mutual  Trade Name, if any:	9. Business deals with:  X a. Labor Organization b. Trust
P.O. Box, Bidg., Room No., if any  Street 17800 Royalton road  City Cleveland  State Ohio ZIP Code +4 44136-5149	c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Medical Mutual contracts with Ohio Council 8, AFSCME, AFL-CIO to provide health care insurance benefits to employees of the Council.
Street	11.b. Approximate dollar value of such dealing. Unknown to filer
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	3 Toledo Mud Hens tickets plus food. 04/22/04
	12.b. Amount. \$130.83
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
<u> </u>	
Trade Name, if any:	
Trade Name, if any:	
Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	